

SEMI-MONTHLY VACATION/SICK REPORT FOR SALARIED EMPLOYEES

Last Name First Name Initial Last 4 digits
Number Social Security

MONTH _____ 1ST TO 15TH OR _____ 16TH TO Month End

INSTRUCTIONS FOR COMPLETING THE TIMESHEET:

1. Personally complete and sign this Timesheet using the Exceptions/Absence and Hours Codes below.
2. Full-Time and Salaried Employees should submit signed Timesheets to HR@CISWake.org on the 16th and 1st of each month.

Check One	___ No Exceptions to Report this Period															
	___ Exceptions to Report this Period as Indicated Below															
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	[REDACTED]
Code																
Hours																
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Code																
Hours																

Exception/Absence Codes

V – Vacation **S – Sick** **H – Company Holiday**
4 or 8 (time off in increments of 4 hours) **(time off in increments of 1 hour)**

Enter Total Time Off: **V= _____ S= _____ H= _____**

Comments: _____

Employee Signature Date Supervisor Signature

Falsification of any information reported on this Timesheet may lead to disciplinary action, including termination.